

To Be or Not to Be: The New Medicare Part D

January 1st marked a new day in public sponsored health care. Medicare Part D, also known as the Medicare Prescription Drug Plan, started on that date. The program has received a lot of press and discussion over the past two years since the legislation was passed creating the program. This is the biggest change in Medicare coverage since Medicare began in 1965.

So, how will the new Medicare Prescription Drug Plan (Part D) help folks with spinal cord disabilities? About 35% of all Arkansans with spinal cord disabilities have Medicare coverage that qualifies them to participate in Part D. For some, it will provide limited assistance, while for others, especially

those who take a number of medications, it will be a real help!

Medicare Part D is a new plan. It is not related to Medicare Part A or B—you will still need to pay for those premiums out of your Social Security check. This will be an additional plan at an additional cost.

The Basic Drug Plan

- Monthly premium (average cost \$32, range from \$10 to \$70)
- \$250 deductible (you pay out-of-pocket before drug plan kicks in)
- From \$250 to \$2,250 in medication costs, Medicare will pay 75%, you will pay 25%
- Between \$2,250 and \$5,100 in medication costs **you pay 100%**

- After you have paid \$3,600 out-of-pocket Medicare covers 95% and you pay 5% to the end of the year

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New Fayetteville Case Manager

Maryanne Lane joined the Arkansas Spinal Cord Commission (ASCC) in December, replacing Adela Martinez who resigned in September. Maryanne will be providing case management services to individuals with spinal cord disabilities in Benton, Carroll, Madison and Washington counties.

Maryanne obtained her Bachelors degree in Sociology from the University of South Carolina. Her past experience has included working with individuals with disabilities and with the State of South Carolina Medicaid Waiver program for persons with spinal cord injuries and head injuries. She has also worked with a durable medical

equipment company. The Commission feels her knowledge and back-



ASCC Case Manager Maryanne Lane is working out of the Fayetteville office.

ground will be great assets to the agency.

Besides moving to a new city, starting a new job and meeting new clients, Maryanne is planning her wedding, which will be at the end of January. She met her fiancé while they were both working as river guides—they are avid kayakers and whitewater enthusiasts.

The Commission members and staff of ASCC are fortunate to have such a qualified individual joining our staff. Please join us in welcoming Maryanne!

SPINAL COURIER

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SPINAL COURIER Letters

Questions • Suggestions • Directions • Answers

Are You Interested in Attending a Support Group?

Dear Editor:

I have discovered that monthly support group meetings are wonderful ways for clients and case managers to meet together. From my experience with the Sherwood group, I believe that these support group meetings are among the greatest services we provide our clients.

I would like to get support group meetings started in Faulkner County. Conway Regional Rehabilitation Hospital would be willing to let us meet in their facility. Call me at **1-800-459-1517** or **501-296-1792** if you are interested in attending

monthly support group meetings in Conway.

*Doug Fish, ASCC Case Manager
Little Rock, AR*

Dear Editor:

I would like to see if anyone is interested in participating in or hosting a support group in any of the following counties: Boone, Newton, Van Buren, Pope, Conway, Perry or Yell. If so, please call me at **479-890-5751** before the end of January.

Toney LeQuieu, ASCC Case Manager, Russellville, AR

With Thanks

Donations this quarter from:

**Jo Mounce
James Rucker
Joyce Serna
Chris and Denise Davis**

*In Memory of Marshall Purvis
Marlynn Hughes*

*In Memory of Jane Smith
Shirley Bassinger*

ASCC accepts tax-deductible donations. The generosity of the many individuals and families, who over the years have made memorial donations, is greatly appreciated. Contributions are used to assist our clients through purchases of equipment and educational resources.

If you would like to make a contribution, please contact the Commission at **501-296-1788 / 1-800-459-1517** (voice) / **501-296-1794** (TDD), or send your donation to:

**AR Spinal Cord Commission
1501 N. University, Suite 470
Little Rock, AR 72207**

From the Director

*No one can make you feel inferior without your permission—
Eleanor Roosevelt*

I've seen this quote several times over the past several months and each time I see it, it makes me think. Certainly, we all feel inferior now and then, whether in a sports competition, a social situation or on the job. I know I can always find people who I think are smarter, faster or better looking than I am. But then I thought of the real message—we must not allow others to make us feel inferior. Most of us do a pretty good job ourselves!

Many years ago I took a course in values clarification. When we finished the class, we got a bright yellow button that said IALAC. It caught people's eyes and when they asked what it meant, you told them—I Am Loveable And Capable. Hard to let anyone make you feel inferior while wearing that button! Sometimes it is easy to let other people's opinions, attitudes and ignorance get us down—don't do it! Don't give them permission. As we head into 2006 remember—yoU Are Loveable And Capable—get out there and show it!

Join me in welcoming Bob Treviño as our new Arkansas Rehabilitation Services Commissioner—we look forward to working with him!

Cheryl L. Vines

Wyvill Names New ARS Commissioner

In October 2006, Arkansas Rehabilitation Service (ARS) Commissioner John Wyvill was selected by Governor Huckabee to assume the position of Director of Arkansas Workforce Education. Upon assuming that position on October 3rd, Wyvill's first action was to fill his former position and appoint Robert P. Treviño as ARS Commissioner.

Treviño, who comes to this position from that of Human Services Policy Advisor to Governor Huckabee, brings a wealth of diverse experience to his new position. Born in Warrington, Great Britain, as his father served in the Air Force, Mr. Treviño holds a B.A. in Political Science from Louisiana State University in Shreveport and a Masters Degree in Public Administration (MPA) from the University of Arkansas at Little Rock.

Before joining the Governor's staff as the Human Services Policy Advisor to Mike Huckabee, he served as the City Manager Ad-



ARS Commissioner Robert P. Treviño

ministrative Coordinator for the City of Little Rock. His community involvement includes the position of State Director of the League of United Latin American Citizens, serving on the Philander Smith College Board of Trustees, membership in United Cerebral Palsy in Arkansas, regional board member of the National Conference for

Community and Justice (NCCJ), Governor's Task Force on Hispanic Affairs final report committee and U.S. Selective Service Board member.

"Arkansans with disabilities have a great friend in Bob Treviño," said ASCC Executive Director Cheryl Vines. "Bob's experience with the Legislature and in policy making will be great assets to our disability community as will his commitment to making our state a better place to live for *all* Arkansans." Through his work in the Governor's office, Treviño has been integrally involved in policy making in many areas including the implementation of the Olmstead decision initiatives through the GIST task force, as well as issues related to Medicaid, transportation and community-based services for people with disabilities.

The members and staff of the Arkansas Spinal Cord Commission welcome ARS Commissioner Treviño and look forward to working with him.

Get Out of the House Readers Poll

Readers of the October 2006 issue of the *Spinal Courier* had the opportunity to respond to the Readers Poll of their favorite places that provide them with the opportunity to "Get Out of the House." Congratulations to all of you who took the time to read, reflect and respond. Every one of us who leads an active lifestyle is a winner! ASCC urges you to continue being active and to get out of the house.

The lucky person whose name was drawn from those who responded to the poll is **David Johnson** of Pocahontas, AR. Congratulations, David, on winning a \$30 gift card from Wal-Mart! This should provide you with another opportunity to "Get out of the House."

Time to Apply for Educational Scholarships



Gather your financial information and letters of recommendation—it's time to apply for Governor's Commission on People with Disabilities scholarships! The deadline is **February 27, 2006**. For more information and to request an application, please call Ida Esh't at **501-296-1637**.

The Spina Bifida Association of America also offers scholarships. Applications must be postmarked by **March 1, 2006**. For information about the SBAA scholarship program and to download application forms, go to: <http://www.sbaa.org/> and click on "Programs," then "Education" and scroll down to "SBA Scholarship Programs," or call **1-800-621-3141, ext. 13 or 21**.

The Spina Bifida Association of Arkansas (SBAAR) will be offering scholarships in 2006. Applications are due by **August 15, 2006**. For more information and application forms, please call Vicki Rucker at **501-978-7222**.

SBAAR Membership

The Spina Bifida Association of Arkansas (SBAAR) reminds everyone it's time to sign up for or renew your annual membership. The \$20 annual fee is due by March 15, 2006. Call **501-978-7222** for more information.

Medical Care to Minimize SCI Secondary Complications

By Tom Kiser, M.D., ASCC Medical Director

Secondary medical complications are a large problem after spinal cord injury (SCI). The focus of initial and follow-up medical care is to minimize these secondary problems and maintain optimal function. The list of complications that can develop after a spinal cord injury is long, and includes:

- A high pressure bladder system with ureteral reflux and subsequent kidney failure
- Recurrent bladder infections
- Mega colon due to chronic constipation
- Hemorrhoids
- Heterotopic ossification
- Fractures due to osteoporosis
- Pressure sores of the sacrum, ischium and feet
- Problems with spasticity

The following are my suggestions for medical care at each stage of your injury to try to minimize problems.

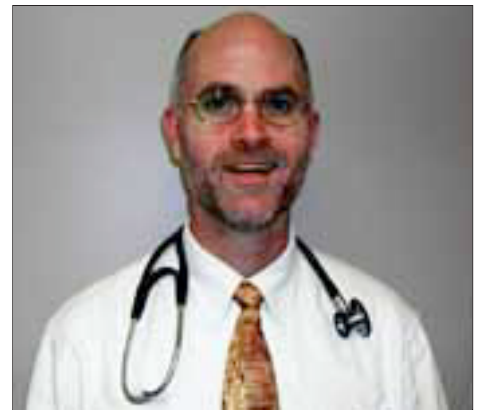
Initial Injury

1. Use compression hose or sequential compression hose as soon as possible after the injury, and if possible a blood thinner (heparin or coumadin [Warfarin]) within 72 hours of injury to decrease risk of a blood clot in the legs.
2. Start gastrointestinal prophylaxis to lower stomach acid and risk of stomach bleeding.
3. Protect the bladder against over distention with an indwelling Foley catheter.
4. Schedule a bowel program to empty the lower bowel and prevent bowel impaction.
5. Implement a bed turning schedule, and use a pressure relieving mattress or mattress overlay and

protective boots to decrease the risk of pressure sores.

Initial Rehabilitation

1. Continue the blood thinner for at least eight weeks for incomplete SCI and twelve weeks for complete SCI to lower the risk of a blood clot in your legs and the devastating event of PE (pulmonary embolism—which occurs if the clot leaves the legs and lodges in the lungs). If the bleeding risk is high and a blood thinner cannot be used, often an IVC (Inferior Vena Cava) filter can be placed in the large vein running from your legs to your heart. This lowers the risk of a pulmonary embolism, but does not eliminate it, so as soon as possible a blood thinner should be started.
2. Start teaching in/out bladder catheterization to keep bladder volumes below 500 cc and discuss bladder care options:
 - Clean intermittent catheterization,
 - Indwelling Foley catheter (urethral or suprapubic),
 - Bladder diversion with continent stoma, or
 - Abdominal wall opening with ostomy bag.
3. Start a bowel program with every day or every other day emptying of the colon to decrease the risk of colon over distention.
4. Maintain a turning schedule in the bed every two hours, with slow change to every four to six hours, with close skin monitoring to ensure no skin breakdown develops or grows worse. Conduct pressure relief every 15 to 30 minutes when up in a wheelchair or when sitting up in bed.
5. Perform daily stretching of lower extremities to decrease



ASCC Medical Director Tom Kiser

spasticity and avoid lower extremity contractures at the hip, knee or ankle.

After the initial injury care and rehabilitation, you will need to be under the care of a physician who is familiar with spinal cord injury. This follow-up will normally be in the physician's office on an out-patient basis.

Outpatient Care

1. Have an annual physical exam to assess spasticity, skin, autonomic dysreflexia, bowel management and review medication and equipment.
 2. Undergo a renal ultrasound at least annually after your injury until the bladder is stable and you are not having recurrent bladder infections or difficulties. If you are having a lot of bladder problems with frequent urinary tract infections (UTI's) or problems with autonomic dysreflexia, you need to see an urologist for an urodynamic study to assess bladder pressures and emptying or possibly a cystoscopy to look into your bladder and rule out a bladder stone. If you have had one bladder stone you are at increased risk of another one, and the use of a chronic indwelling Foley catheter puts you at increase risk of bladder stones and bladder cancer.
 3. Have periodic laboratory exams: electrolytes, glucose, kidney function, liver function, fasting cholesterol level, and
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SCI Medical Care

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urinalysis and urine culture and sensitivity at least every three to five years if you are not having any health problems. If you are having medical problems you may need more frequent laboratory workup.

4. Watch for increased weakness or unexplained neurological changes. These may signal problems in the spinal cord itself. Magnetic Resonance Imaging (MRI) will be needed to assess for possible syringomyelia.

5. For tetraplegia, consider hand surgery to maximize hand function.

6. Receive yearly influenza vaccine to decrease the chance of developing influenza. If this makes you feel a little “under the weather” or sick, be assured that this little bit of sickness is much better than the full-blown sickness of influenza (which can kill you).

7. Be immunized once with pneumococcal vaccine, especially if you have tetraplegia, and then again at 65 years of age to lower the risk of

a pneumococcal pneumonia.

8. Undergo colonoscopy at 50 years of age (or at a younger age if you have a family history of colon or rectal cancer).

The above are medical exams and treatment that I recommend to help you avoid the secondary medical complications that can hamper healthy living. It is the goal of the Arkansas Spinal Cord Commission and myself that each of you enjoys healthy, independent and productive lives.

Medicare Part D

Continued from page 1

Though the plan is covered under Medicare, you will need to select a company to administer your plan. Some companies will structure their plan differently; those with higher premiums may cover your deductible. Some will have lower copays than 25%. There are 20 different companies selling 41 different plans in Arkansas (the providers and plans may be different in each state). Since this is a new program, there is no way to tell in advance which are the “best” plans.

Do I Have to Join a Plan?

The simple answer is yes, all Medicare recipients must have a drug plan by May 15, 2006. However, if you already have drug coverage *unrelated to your Medicare or Medicaid coverage*, you do not need to take a Medicare plan. This would include people who receive medication coverage from the VA, those who have medication coverage through their own or a family member’s insurance plan or those in a Medicare Advantage (HMO) plan. If your present plan is better than the Medicare Part D plan, you will receive a letter from your insurance company telling you that you do not need to change to Part D. If you are a Medicare recipient presently receiving prescription

medications through Medicaid (i.e., on a waiver or through a Qualified Medicare Beneficiary program), you must choose a plan—you will no longer get those services from Medicaid.

Many people will say, “I’m healthy, I don’t take medicines, I don’t need a prescription plan” or “my prescriptions don’t cost over \$30 per month, I don’t need a drug plan.” Even such folks **must enroll** or face penalties.

Extra Help

For low income Medicare recipients, who may not be able to afford the monthly premiums, Part D has a program called “Extra Help.” Eligi-

bility for Extra Help is determined by your income and your countable resources (i.e., liquid assets). The income limits are based on the federal poverty level. You can have income up to 150% of the poverty level and still get Extra Help. The countable resources are \$11,500 for an individual or \$23,000 for a couple (your home, personal effects and vehicles do not count toward this amount). Depending upon your income, your premiums and deductible will be paid for you and your coinsurance amount will be minimal (\$1 - \$5). SSI recipients, Elderchoices and Alternatives

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ASCC 2005 Miniconferences

Courtney Martin of Hot Springs, AR (left) and Brenda Davis of North



Little Rock, AR (right) enjoyed the 2006 miniconference program at Hot Springs. This fall ASCC held two miniconferences, on October 5th at National Park Medical Center in Hot Springs and October 15th at Baxter Regional Medical Center in Mountain Home. Sessions included the latest reports on stem cell research, the Medicare Prescription Plan and Work Incentives. Over 100 people took part in the learning experience at these miniconferences.

Up Close and Personal: Doug Fish

This is the ninth in a series of articles profiling the ASCC Case Managers.



Doug Fish has worked for the State of Arkansas for approximately 14 years, 11 years with the Little Rock Area Parole Office and he recently completed his third year with the Spinal Cord Commission. Working as an ASCC Case Manager, Doug covers North Pulaski and Faulkner counties and has approximately 200 clients on his caseload. According to Client Services Administrator Patti Rogers, “Doug is a very conscientious and dedicated Case Manager.”

Doug obtained his undergraduate degree at Harding University in Searcy, Arkansas and graduated from the Northeast Louisiana University with a Masters degree in Criminal Justice. After graduate school, Doug worked for the Federal Correctional Institute in Texarkana. He then spent six years in Dallas, TX working with an employment program for parolees, before returning to Arkansas.

Doug and his family reside in Sherwood. Doug is very involved with his family and shares in their activities. He keeps very busy attending his son's basketball games, his daughter's Girl Scout projects, various 4-H family and church activities. This past summer he and his family traveled to Branson and spent time at a water park together. If he can find a spare minute, Doug likes to read and work in the garden.

PROFILE:

Date And Place Of Birth: February 11, 1957, in Beatrice, NE

Family Members: Wife, Jo Ann, and children, Benjamin (age 10) and Elizabeth (age 7)

I Absolutely Will Not Eat: Sushi

If I Did Not Live In Sherwood, I Would Want To Be: In Eastern Tennessee—I think that is the prettiest place in the United States

I Have A Need To Be: Useful

One Thing People Would Find Surprising About Me Is: My daughter and I have sung together at church—and, we actually have people who look forward to hearing us sing

My Favorite Movie Is: *Driving Miss Daisy*

My Favorite Song Is: *My Love Is Deeper Than the Holler* by Randy Travis

I Am Most Comfortable With People Who Have: A positive attitude

My Favorite Pastimes Are: Doing kid's activities—and, there is nothing much better than watching a movie with my kids and wife on a Friday night

The Best Advice I Ever Received Was: From my dad, a mortician: “From the time you are born to the time you take your last ride in the funeral coach, nothing is so bad that it couldn't be worse.”

My Favorite Saying Is: I have several: “Little boys aren't much, but that is all we have to make men out of.” “Blessed are those who expect nothing, for they shall not be disappointed.” and “To be all that we can be, we must dream of being more.”

I Knew I Was Grown Up When: I got married, and especially when our son was born

The One Thing I Always Wanted To Do But Have Never Had The Chance Was: Visit Washington, DC and the northeastern part of the United States, also Canada and Alaska

One Word To Sum Me Up: Busy

Medicare Part D

Continued from page 5

Waiver participants and those who are QMB, SLMB or QI will automatically be eligible for Extra Help.

If you will receive Extra Help, Medicare or Medicaid should have already informed you. You will still need to select a plan provider. Sixteen of the 41 plans in Arkansas will administer Extra Help. If you do not select a plan, Medicare will select a plan for you! If you think you are eligible for Extra Help and have not received an application, you should contact Medicare.

Choosing a Plan

It will be up to the Medicare recipient to select a Part D plan. Each plan has its pluses and minuses. Some are more expensive than others, and those will typically have more benefits.

There are three major considerations in selecting a plan:

1. Does the plan cover the medications I take? (Each plan will have its own formulary, which may not include your medications.)
2. Does my local pharmacy accept the plan?
3. Which plan can I afford?

Help Choosing A Plan

There are several resources that can help you in determining the best options for you. They will be able to take information about you and your medications and figure out which plans may meet your needs. These include:

- Medicare - www.medicare.gov or 1-800-633-4227
- Senior Health Insurance Information Plan (SHIP) 1-800-224-6330
- Your local Area Agency on Aging
- Your local Pharmacist

Remember, while these people may be able to assist you, they cannot recommend or make the decision for you. Ultimately, you must choose your own plan. The good news is, each year in November

and December you will have the opportunity to change plans, if you do not like the one you have. After this first year of the program, there should be more data and ratings available on these plans.

Enrollment

Many of you may have already enrolled in a Part D drug plan. Initial plans were effective January 1st. If you have not signed up for a plan, you should **do so before May 15, 2006**. After May 15th, you can still sign up for a plan but it will not go into effect until January of the following year and you will pay a 1% penalty for each month after May that you are not on the plan. For example, a person who **has no medication coverage** and takes no medications chooses not to join this year. Two years from now, he has some health problems and needs several, expensive prescriptions every month. He applies for Part D. His premiums will be increased by 24% (24 months at 1% per month). Based on the "average" premium price of \$32, this person would pay \$39.68 for that same premium, or \$7.68 more per month.

If you **presently have an insurance plan that is better than Part D**, you do not need to enroll. If in the future you lose your plan (e.g., change jobs, spouse retires, or plan is cut), you will be able to enroll in Part D with no penalty.

To enroll, you should contact the company you choose to administer your plan and enroll. You can also

enroll on the Medicare website at www.Medicare.gov

Summary

This is a very brief summary of the Medicare Part D prescription plan. If you are on Medicaid and Medicare or you are low income (basically, income under \$10,000 for an individual), you will be eligible for Extra Help, which will pay your premiums. You should already be signed up for a plan. If you have another prescription insurance that is better than Plan D, you do not need to enroll. If you are a Medicare recipient without insurance and do not qualify for Extra Help, you must apply for a plan by May 15, 2006, or face penalties when you do apply. Some people who will never use much medication may select to not take out Part D insurance at all. However, folks with spinal cord disabilities (SCD) should seriously consider selecting a plan — just in case.

You can get help in making a selection from Medicare, your pharmacist, SHIP or other providers. A list of medications commonly used by people with SCD, as well as the list of Medicare Prescription Drug Plans available in Arkansas are on our website at www.spinalcord.ar.gov

Congratulations, Jake!

Jake Geisler of DeValls Bluff, AR has been selected to attend the 2006 Winter Paralympics in Torino, Italy in March 2006 as a part of the Paralympics Academy Team.

Rollin' Razorbacks 2006

Jan. 12-15	Pioneer Classic	Birmingham, AL
Jan. 21-22	McKimmey Invitational	Sherwood, AR
Feb. 25	AR Valley Conference Tournament	Sherwood, AR
Mar. 17-19	NWBA Division 2 Southern Regional	Sherwood, AR
Apr. 4-6	Division 2 National Wheelchair Basketball Tournament	Lexington, KY

*All Sherwood games are played at Sylvan Hills High School.
For game times, contact Coach Jared Johnson at 501-240-1529.*



The Squeaky Wheel

The squeaky wheel . . . gets the grease! This column is about grease—things that make life for persons with a spinal cord disability go smoother and ease your way in the world. “Things” can be hints, equipment adaptations, innovations, tricks-of-the-trade, procedural shortcuts, life experiences, or things you “should have done but didn’t.”

With the cold weather upon us, Sandy cautions us about using heated car seats.

I have incomplete quadriplegia, with some walking and limited arm use. I guess I have about 50 percent sensation, so I know when I am uncomfortable or having pain. Having some sensation, plus being able to walk a little around my house, has helped keep my skin in good shape.

However, on a 45-minute trip last winter in a 2001 Chevy Blazer with heated seats I started feeling sick, like I was getting too hot. My seat was turned on to heat—but I had previously never used it for more than 10 minutes at a time. My aide got me out of the seat, turned the heat off, and put a coat down for me to sit on.

Back home, my wife and aide did a visual inspection—I had a half-dollar-size burn, plus a hardened area around the burn on the left side of my bottom! We’re waiting to see if I heal completely; I’ve still got an irregular dime-size scar. I just thought everyone needed a warning about heated car seats.

We invite you to send in your helpful hint—your bit of “grease.” Contact your ASCC Case Manager, write us or e-mail us at courier@arspinalcord.org

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